2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 28, 2008 8:00 am Secretary of State DOCUMENT # L06000026405 03-28-2008 90169 033 ***138.75 NILS HUMBERG ENTERPRISES, LLC Principal Place of Business Mailing Address 953 NORFOLK COURT 953 NORFOLK COURT 60017718 LONGWOOD, FL 32750 LONGWOOD, FL. 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1395 W BROADWAY ST 1395 W BROADWAY ST Suite, Apt. #, etc. 03122008 CR2E083 (12/06) Chq-LLC City & State City & State 4. FE! Number Applied For DVIEDO DVIEDO 20-4895496 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USA 32765 32765 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUMBERG, BORIS HUMBERG, BORIS Street Address (P.O. Box Number is Not Acceptable) 4743 N. GOLDENROD ROAD, SUITE C WINTER PARK, FL 32792 103 BANTRY DR Zip Code LAKE MARY 32746 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BORIS HUMBERG 3/12/08 FILE NOW!!! FEE IS \$138:75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM MILE Change ☐ Delete TITLE □ Addition HUMBERG, NILS NAME NAME 103 BANTRY DR STREET ADDRESS 4743 N. GOLDENROD RD. SUITE C STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP LAKE MARY FL 32746 TITLE Addition ☐ Delete TITLE MGRM ☐ Change NAME HUMBERG. BORIS 103 BANTRY DE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NILS

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED